

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10759 49X

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 19 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 19 minus 20 = | * 0 |
| INDEPENDENT CLAIMS | 3 minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1/31/03

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 16 | Minus ** 20 | = - |
| Independent | * 3 | Minus *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL | | OR | TOTAL | 770 |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."


*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

| | | | | |
|---|------|--------------------------|---------------------|--------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). | | Complete If Known | | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/759,494 | |
| | | Filing Date | January 16, 2004 | |
| | | First Named Inventor | Michael J. Sullivan | |
| | | Examiner Name | Alvin A. Hunter | |
| | | Art Unit | 3711 | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 450.00 | Attorney Docket No. | B03-84 |

| | | | |
|--|---|---|--|
| METHOD OF PAYMENT | | | |
| Deposit Account | Deposit Account Number: <u>502309</u> | Deposit Account Name: <u>Acushnet Company</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | |

| | | | | |
|--|------------------------|------------------------|-----------------------------|-----------------------|
| FEE CALCULATION | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | |
| <u>Application Type</u> | <u>Filing Fee (\$)</u> | <u>Search Fee (\$)</u> | <u>Examination Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| <input type="checkbox"/> Utility | 300 | 500 | 200 | |
| <input type="checkbox"/> Design | 200 | 100 | 130 | |
| <input type="checkbox"/> Reissue | 300 | 500 | 600 | |
| <input type="checkbox"/> Provisional | 200 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | |
| <u>Fee Description</u> | | | | <u>Fee (\$)</u> |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | 50 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | 200 |
| <u>Total Claims</u> | <u>Paid TC</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| | = | 0 | 50 | 0 |
| Paid TC = the greater of 20 or highest number of total claims paid for | | | | |
| <u>Independent Claims</u> | <u>Paid IC</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| | = | 0 | 200 | 0 |
| Paid IC = the greater of 3 or highest number of independent claims paid for | | | | |
| 3. APPLICATION SIZE FEE | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | (round up to integer) | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | / 50 = | | 250 | |
| 4. OTHER FEES | | | | |
| Extension for response within second month \$450 | | | | <u>Fee Paid (\$)</u> |
| | | | | 450.00 |
| Other | | | | |

| | | | |
|---------------------|---|-------------------------|--------------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. 36,200 | Telephone (508) 979-3534 |
| Name | Troy R. Lester | Date | 1-11-05 |

01/31/2005 STHOMAS 00000001 502309 10759494